

John R. Ashcroft Secretary of State  
2019-2020 BIENNIAL REGISTRATION REPORT  
NONPROFIT

**N00677757**  
**Date Filed: 5/24/2019**  
**John R. Ashcroft**  
**Missouri Secretary of State**

☒ I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

**\* SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: 8/31/2019

**N00677757**  
**Harvest Foundation, Inc.**  
**BRUCE LAWRENCE**  
**250 NORTH KINGSHIGHWAY**  
**SIKESTON MO 63801**

	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *  801 Hamilton (Required)  PO Box 124 STREET Vanduser MO 63784 CITY / STATE ZIP

2 If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

☐ The new registered agent \_\_\_\_\_

**IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.**

☐ The new registered office address \_\_\_\_\_

**Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.**

	OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u>	A	BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u>	B	*
3	<u>PRESIDENT</u> McElwrath, Dennis L. STREET 801 Hamilton PO Box 124 CITY/STATE/ZIP Vanduser MO 63784		<u>NAME</u> Null, T. J. STREET 801 Hamilton PO Box 124 CITY/STATE/ZIP Vanduser MO 63784		
	<u>SECRETARY</u> Wood, Tony STREET 801 Hamilton PO Box 124 CITY/STATE/ZIP Vanduser MO 63784		<u>NAME</u> McElwrath, Dennis J. STREET 801 Hamilton PO Box 124 CITY/STATE/ZIP Vanduser MO 63784		
	<u>TREASURER</u> Wood, Tony STREET 801 Hamilton PO Box 124 CITY/STATE/ZIP Vanduser MO 63784		<u>NAME</u> McElwrath, Dennis L. STREET 801 Hamilton PO Box 124 CITY/STATE/ZIP Vanduser MO 63784		
	STREET _____ CITY/STATE/ZIP _____		<u>NAME</u> Wood, Tony STREET 801 Hamilton PO Box 124 CITY/STATE/ZIP Vanduser MO 63784		
	NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED				

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable. \*

Authorized party or officer sign here	Dennis L. McElwrath	(Required)
Please print name and title of signer:	Dennis L. McElwrath / President	
	NAME	TITLE

REGISTRATION REPORT FEE IS:  
\_\_\_\$20.00 If filed on or before 8/31/2019  
\_\_\_\$25.00 If filed after 9/30/2019

Corporation will be administratively dissolved if report is not filed by 11/29/2021

**WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE**

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_

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3	OFFICERS (Continued)	BOARD OF DIRECTORS (Continued)	
	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).	
	- STREET CITY/STATE/ZIP	<u>DIR.</u> STREET CITY/STATE/ZIP	Euland, Isaiah 801 Hamilton PO Box 124 Vanduser MO 63784
		<u>DIR.</u> STREET CITY/STATE/ZIP	Jones, Justin 801 Hamilton PO Box 124 Vanduser MO 63784